

**Declaration and Power of Attorney for Patent Application**

As below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe that I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled **SYSTEM AND METHOD FOR AUTOMATIC RESET OF PRE-PROGRAMMED CIRCUITS IN CASE OF FAILURES IN TRANSPORT NETWORKS**, the specification of which

is attached hereto.

(Check one)

was filed on \_\_\_\_\_ as  
Application Serial Number \_\_\_\_\_  
and was amended on \_\_\_\_\_.  
(if applicable)

was filed as a PCT on \_\_\_\_\_ as  
PCT Application Number PCT/EP2004/0053318  
and was amended on 9 June 2006.  
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to me that is material to patentability (as defined in C.F.R. §1.56) in connection with the examination of this application.

I hereby claim foreign benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

| Prior Foreign Application(s) |                    |  | <u>Priority Claimed</u>                 |                             |
|------------------------------|--------------------|--|---|-----------------------------|
| MI2003A002443<br>(Number)    | Italy<br>(Country) | 12 December 2003<br>(Day/Month/Year Filed) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____<br>(Number)            | _____<br>(Country) | _____<br>(Day/Month/Year Filed)            | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| _____<br>(Number)            | _____<br>(Country) | _____<br>(Day/Month/Year Filed)            | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |

## **Declaration and Power of Attorney for Patent Application**

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)

(Filing Date)

(Status: Patented/Pending/Abandoned)

(Application Serial No.)

(Filing Date)

(Status: Patented/Pending/Abandoned)

**Power of Attorney:** I hereby appoint the Attorneys and Patent Agents of **Coats & Bennett, P.L.L.C.**, as identified by **Customer Number 24112** in the records of the United States Patent and Trademark Office and as updated from time to time, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

24112

Send Correspondence to: 1400 Crescent Green, Suite 300  
Cary, NC 27511

Direct Calls to: Stephen A. Herrera  
(919) 854-1844

**Declaration and Power of Attorney for Patent Application**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**SOLE OR FIRST INVENTOR:**

Full name: Diego Caviglia  
First Name \_\_\_\_\_ Middle Name/initial \_\_\_\_\_ Last Name \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Year- Month- Day \_\_\_\_\_

Residence: Savona, Italy  
City, State, and Country \_\_\_\_\_

Citizenship: Italy \_\_\_\_\_

Post Office Address: Via Rodi 2/13, I-17100 Savona, Italy \_\_\_\_\_